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ABSTRACT

Recent research has established that the well-being of older adults is very much influenced by the quality and the quantity of their social relationships and their social support network. Weiss has argued that for adults in general, different relationships are needed to meet the diverse requirements of well-being. In this study the Weiss model was evaluated by examining the influence on well-being of the presence versus absence of a confidant and also the presence versus absence of a peer group of social friends. Home interviews were conducted with a representative sample of 100 widowed, divorced, or separated elderly subjects. The interview measured the presence and significance of any confidant relationship, the existence of a peer group, and well-being measured in terms of morale and fulfillment of relational needs. Persons with a confidant and peer group showed a higher well-being score than those with only a confidant. There were no prominent differences between those with peer group only and confidant only relationships. An intervention program based on the Weiss model was developed in which elderly clients were visited on a weekly basis by a volunteer. Volunteers were trained as either relation builders in the Weiss model or were trained as visitors without the relational strategy training. Statistical analysis did not demonstrate superiority of the relational strategy training, although anecdotal evidence supported it. The study appears to have given limited support to the Weiss model. (ABL)

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THE RELATIONAL NEEDS OF SINGLE ELDERLY:

A TEST OF COMPETING HYPOTHESES

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The relational needs of single elderly:

a test of competing hypotheses

Recent research has established quite clearly that the well-being of older adults is very much influenced by the quality and the quantity of their social relationships and their social support network (Antonucci, 1985; Cantor and Little, 1985; Lowenthal and Haven, 1968; Lowenthal and Robinson, 1976). In particular, it has been shown that the presence of a confidant, a close, intimate relationship where important things can be confided, is significant for good morale, mental health, and general well-being. The presence or absence of a confidant figure has been seen as the most important feature of the social network, overshadowing other features in its influence on well-being. In contrast, Weiss (1974) has argued that for adults in general, different relationships are needed to meet the diverse requirements of well-being. He argues that relationships are specialized in the social provisions they provide; in particular, a spouse or confidant can provide for the needs of intimacy and emotional security, yet this same figure (or figures) cannot meet sociability and identity needs, which are best met by friends and peers. Weiss and others have found support for this analysis in their study of loneliness, where they have found distinct forms of loneliness. Persons having a confidant but lacking a peer group of social friends suffer the loneliness associated with the deprivation of their sociability needs, while persons with a peer group of social friends but lacking a confidant suffer the loneliness that comes from a lack of intimacy and emotional security. Thus for general well-being, according to the Weiss

model, both types of relationships (an intimate or confidant and a social group of peers) need to be present, since these needs cannot be met within the same relationship.

This study sought to evaluate whether the Weiss model applies to the elderly. Confirmation of the Weiss model has only been obtained with non-elderly samples and its seems important both theoretically and for applied practice to evaluate the applicability of the Weiss model to the elderly. There is a common conception (with some truth) that the social world of the elderly shrinks, with certain key figures playing an increasingly prominent role and taking over functions that were previously spread across several people. Indications that the presence of a confidant provides for a strong level of well-being may lead to the view that a single key figure can adequately provide for the diverse social and emotional needs of the older adult. Yet this view may overlook important relational needs in the elderly that cannot be met by a confidant. The neglect of such needs would be a detriment to well-being if the Weiss model applies to older adults. Evaluation of the Weiss model is also important for social intervention programs, where a correct conception of the relational needs of the older adults is essential to the design and goals of programs that seek to ameliorate problems of loneliness, isolation, and weak social support.

In this study the Weiss model was evaluated by examining the influence on well-being of both the presence vs. absence of a confidant and also the presence vs. absence of a peer group of social friends. According to the confidant literature, the presence of a confidant should be the key social relationship factor for explaining the level of well-being in the older adult while the Weiss model predicts that the level of well-being depends on

the presence of both a confidant and a peer group. Hence the predictions that were tested in this study were, stated in concordance with the Weiss model, that elderly who had both a confidant and a peer group would show significantly higher levels of well-being than elderly who had only a confidant. Elderly who had only a confidant versus elderly who had only a peer group are predicted to be equivalent in their level of well-being. In contrast, the confidant model predicts that the variation in well-being will occur largely in terms of the presence vs. absence of the confidant relationship.

Method

Home interviews were conducted with a representative sample of 100 widowed, divorced, or separated elderly subjects in Raleigh, N.C. Married subjects were not used so as to eliminate any ambiguity about the spouse as a "built-in" confidant and to possibly increase the variability of the confidant variable. Subjects were also required to be retired and at least 60 years old. The interview, which included several scales, provided a measure of 1) the presence and significance of any confidant relationship, 2) the existence of a peer group of social friends and the degree of involvement with any such group, and 3) well-being, measured in terms of morale (Revised Philadelphia Geriatric Center Morale Scale (Lawton,1975)), happiness (Bradburn's (1969) Affect Balance Scale), and the fulfillment of relational needs (Personal Resource Questionnaire, Part Two; Brandt and Weinert (1974)).

Results

The sample was largely female (83%), widowed (86%), fairly healthy (with 56% self-described as having good or excellent health) and had a mean age of 76.5. A large majority reported having a significant confidant relationship (82%), while a somewhat smaller number (51%) had a significant group of social peers, which was defined as "people that you have a lot in common with and that you get together with". Respondents reported their frequency of contact with social peers and the criterion used to determine whether the peer group was significant was a minimum of weekly contact.

Four groups of elderly were distinquished on the basis of whether or not the person had or did not have a confidant and/or a peer group. The four groups were 1) persons having neither a confidant nor a peer group (n=11), (2) persons having a peer group but not a confidant (n=7), (3) persons having a confidant but not a peer group (n=38), and (4) persons having both a confidant and a peer group (n=44). A preliminary analysis was done to examine the equivalency of the groups on variables that might correlate with well-being. Comparison of the four groups on male/female composition, age, health, financial status, education, presence of children, access to an automobile, and type of residence showed no significant differences on any of these variables.

Well-being was measured by three different instruments which correlated with one another to a significant degree: the morale scale (Lawton, 1975), the happiness scale (Bradburn, 1969), and the measure of the fulfillment of relational needs (Brandt and Weinert, 1974). A comparison of the four groups on these three scales is shown in Table 1. Tests of statistical significance

INSERT TABLE 1 ABOUT HERE

for some of the group comparisons were limited by the small size of the first two groups. As can be seen, on all three measures, group four (confidant and peer group) showed a higher well-being score than group three (confidant only), though this difference was only significant in the case of the need fulfillment measure. An additional test of the two models being compared in this study occured in the examination of group two (peer group only) versus group three (confidant only), though it is handicapped by the small size of group two. There was no predominant trend of differences between these two groups on the three well-being measures and in any case none of these differences reached statistical significance. The basic equivalence of these two groups is consistent with the Weiss model and contradicts the confidant model.

Based on these results, and as a further test of the Weiss model, an intervention study was carried out.

The intervention study

The Weiss model, as was mentioned earlier, has definite implications for intervention programs designed to reduce problems of loneliness and demoralization. If the relational needs of the elderly are such that different relationships are needed to provide for different needs, each of which is tailored to a particular type of relationship, then an intervention program that takes this into account should be more effective in combating loneliness and improving well-being than one that does not.

To examine this premise, a volunteer program was developed along the lines of the Friendly Visitor program, with two subgroups of volunteers within the program. It was sponsored by the local Council on Aging and supported by a

grant from the United Way Venture Grants program. The elderly clients were largely drawn from the interview study and were persons most in need of an intervention program and willing to be visited on a weekly basis by a volunteeer. The volunteers were recruited from the local community by a variety of means and were randomly assigned to one of the two subgroups: the "relation builders" (the Weiss model) and the "controls". These terms were of course not used in the program and the volunteers were in fact not aware of the existence of the two groups or the fact that the program had an experimental design imbedded within it. The relation builders were trained in the Weiss model which consisted of stressing the significance and diagnosis of relational deficits in the elderly person's social network. The program staff worked with these volunteers to come up with an "action plan" for their client, which consisted of an identification of the particular relationship or relationships (i.e. confidant and/or peer group) that were lacking and a plan to assist the client in establishing the needed relationship(s). The "control" volunteers were also trained for the visiting that they carried out with their clients, but it did not include the "relational" strategy of the other group. Once volunteers were trained, they were matched with a suitable client and began their weekly visiting. When the visiting had been underway for six months, an evaluation was carried out to assess the well-being of the client and the visiting behavior and perceptions of the volunteer.

Due to attrition and the assignment strategy which purposely assigned twice as many volunteers to the relational condition as the control condition, the two volunteers groups were rather small: eleven in the relational group and four in the control group. Hence the results, which

INSERT TABLE 2 ABOUT HERE

are shown in Table 2, could not be examined for statistical significance and should be regarded as merely suggestive. The figures gave no support to the expected superiority of the relational strategy in "friendly visiting". Yet there were specific cases of visiting in this condition that anecdotally gave definite support to the relational strategy. One case involved an elderly male client whose individual action plan called for the establishment of a confidant relationship. The volunteer, in pursuing this goal, appears to have come close to playing a successful matchmaker role, with definite prospects of marriage in store for the elderly client. In another case, the volunteer has played an important role assisting the elderly client overcome the loss of her key confidant figure by filling the void with a renewed relationship with an old friend. Of course, confirmation of the Weiss model would require evidence far beyond what this small intervention study is capable of providing. For example, the establishment of some needed peer group relationships would need to show a positive impact on well-being that was equal to the impact experienced when a needed confidant relationship was established. The intervention program, while only suggestive in its results, has proven sufficiently encouraging to merit further efforts in this direction.

Discussion

This study appears to have given some limited support to the idea that Weiss' model of relational needs is valid for the elderly in our society.

The data confirmed the importance of the confidant relationship for individual well-being, but they also lent support to the importance of peer group relationships for the elderly and in particular supported the notion that the highest levels of well-being occur when both types of relationships are present. Yet the results were not overwhelmingly strong and the differences often failed to reach statistical significance. A further test of the Weiss model was attempted through an intervention program with an experimental design, though the results proved inconclusive.

The indications given by this study would suggest that the relational needs of the elderly may be more complex than common stereotypes would suggest. The Weiss model seems to explain some of this complexity in a way that is deserving of further investigation. The questions at stake seem significant both in terms of our understanding of interpersonal dynamics in later life and also in terms of our efforts to enhance well-being in persons who are often suffering serious losses in the composition of their social networks.

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TABLE ONE

ONE WAY ANALYSIS OF VARIANCE

RESEARCH-GROUPS BY MORALE, HAPPINESS, AND SOCIAL NEEDS FULFILLED

RESEARCH GROUPS	MORALE	HAPPINESS	SOCIAL-NEEDS FULFILLED
mean scores (n=100)	115	6.6	222
1) Have neither intimacy nor peer associations (N=11)	75.4	3.4	102
2)Have peer association but no intimacy (n=7)	120.7	7.28*	204*
3) Have intimacy but no peer associations (n=38) 4	110.5*	6.6*	219*
4)Have intimacy and peer associations (n=44)	128.1*	7.34*	257**

* INDICATES THAT THE GROUP DIFFERS SIGNIFICANTLY AT .05 LEVEL FROM GROUP 1

** INDICATES THAT THE GROUP DIFFERS SIGNIFICANTLY AT .05 LEVEL FROM GROUPS 1 AND 3

TABLE TWO

MEAN SCORES RECEIVED BY THE CONTROL AND EXPERIMENTAL GROUPS BEFORE AND AFTER TREATMENT.

	Health Status		Morale		Happiness		Social needs	
	Before	After	Before	After	Before	After	Before	After
CONTROL (n=4)	3.0	2.5	5.5	7.5	3.25	5.	14.25	14.25
EXPERIMENTAL (n=11)	3.3	3.0	8.8	8.6	5.5	5.5	12.7	15.09